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<u>Rose A. Lubich</u> Posea-such June 29. (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/731,353 .	12/09/2003	Robert T. Sprague	107431	3538	

TITLE OF INVENTION: CAUTERIZING SCALPEL BLADES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUB	TIATEDUE
nonprovisional	NO	\$1400		\$0	\$1400	(17/07/2005
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JOHNSON	III, HENRY M	3739		606-045000	,	
CFR 1.363). Change of correspond dedress form PTO/SB/ Fee Address" indice PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AN	cation (or "Fee Address" Indication (or more recent) attached. Use ND RESIDENCE DATA TO E	Correspondence stion form e of a Customer E PRINTED ON THE	(1) the nar or agents ((2) the nar registered 2 registered listed, no r	ting on the patent front page, limes of up to 3 registered paten DR, alternatively, me of a single firm (having as a attorney or agent) and the named patent attorneys or agents. If name will be printed. If (print or type) ear on the patent. If an assign for filing an assignment.	at attorneys The member a control of the control o	G. T(ILOMEI K S. MOLINARO JR E. GOODING document has been filed for
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Phone:	847-391-2040	Fax:	847-391-2387
Serial Number:	10/731,353	Examiner:	Henry M. Johnson III
Allowance Date:	4/7/05	Art Unit:	3739
Issue Fee Date:	<i>71</i> 7/05	Confirm.No.	÷3538
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	ited Appropriations Act. 2005 (H.R. 48	Application N		10/731,35			-=
FEE TR	ANSMITTAI	Filing Date		December			
	FY 2005	First Named	Inventor	Robert T.			
		Examiner Na		Henry M.			
Applicant claims small	entity status. See 37 CFR 1.27	Art Unit		3739			
TOTAL AMOUNT OF PAYN	MENT (\$) 1400	Attorney Doc	ket No.	107431	- • • • •		ニブ
METHOD OF PAYMENT	(check all that apply)						
			r (please id	entify):			
	eposit Account Number:		t Account N				
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	Small Entity	SEARCH FEES Small Entity	Ł	MINATION F		P D. I.J (A)	
Application Type		Fee (\$) Fee (\$)		(\$) Fee (\$	3)	Fees Pald (\$)	
Utility		500 250	20		-		-
Design		100 50	13	•	-		-
Plant		300 150	16		-		- 1
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2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Small En thy Fee (\$) 70 25 100 180							
<u>Total Claims</u> - 20 or HP =	Extra Claims Fee (\$)	Fee Paid (\$)	-	i <u>ple Depende</u> se (\$)	Fee Paid	(\$)	1
HP = highest number of total of Indep. Claims	claims paid for, if greater than 20 Extra Claims Fee (\$)	Fee Paid (\$)	_			_	
- 3 or HP = X = HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE If the specification and for each additional Total Sheets - 100 =	drawings exceed 100 sheets 50 sheets or fraction thereof.	of paper, the appli See 35 U.S.C. 41 of each additional 5 (round up to	(a)(1)(G) 50 or fract	and 37 CFF lon thereof	\$250 (\$12 1.16(s). Fee (\$)	5 for small er	
4. OTHER FEE(S)							
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Other: 1501 Utility Issue Fee (\$1400)							
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Signature	bether & gending,	Registration No. 50,513 (Attorney/Agent)	Telephone 847 391-1520	
Name (Print/Type)	Arthur E. Gooding	·	Date 6/29/05	

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